

# **Health Plan Performance Improvement Project (PIP)**



**Health Plan:**

**PIP Title: Improving Receipt of Global Developmental Screening in the First Three Years of Life**

**PIP Implementation Period: 1/1/21-12/31/21**

**Project Phase:** Final

**Submission Dates:**

	Proposal / Baseline	Interim/ Final
Version 1	1/30/2021	2/10/2022
Version 2		



# MCO Contact Information

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## 1. Principal MCO Contact Person

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## 3. External Collaborators (e.g., Early Intervention Programs):



# Attestation

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**Plan Name:** Healthy Blue

**Title of Project:** Developmental Screening

*The undersigned approve this PIP and assure involvement in the PIP throughout the course of the project.*

Medical Director signature: *R. Poliquit, MD*

First and last name: Raymond E Poliquit, MD, FAAP

Date: 12.10.2021

CEO signature: *C. Valentine Theard, MD, MBA*

First and last name: Christy Valentine MD, Plan President

Date: 12.10.2021

Quality Director signature: *Christin Cantavespri*

First and last name: Christin Cantavespri

Date: 12.10.2021



# Updates to the PIP

**For Interim and Final Reports Only:** Report all changes in methodology and/or data collection from initial proposal submission in the table below.

[EXAMPLES INCLUDE: ADDED NEW INTERVENTIONS, ADDED A NEW SURVEY, CHANGE IN INDICATOR DEFINITION OR DATA COLLECTION, DEVIATED FROM HEDIS® SPECIFICATIONS, REDUCED SAMPLE SIZE(S)]

**Table 1: Updates to PIP**

Change	Date of change	Area of change	Brief Description of change
Change 1	June 30, 2021	<input type="checkbox"/> Methodology <input type="checkbox"/> Barrier Analysis <input type="checkbox"/> Intervention <input checked="" type="checkbox"/> ITM	Discontinued ITM 2B after provider survey concluded
Change 2	July 1, 2021	<input type="checkbox"/> Methodology <input type="checkbox"/> Barrier Analysis <input type="checkbox"/> Intervention <input checked="" type="checkbox"/> ITM	New ITM 2c to track telemedicine visits for developmental screenings
Change 3		<input type="checkbox"/> Methodology <input type="checkbox"/> Barrier Analysis <input type="checkbox"/> Intervention <input type="checkbox"/> ITM	
Change 4		<input type="checkbox"/> Methodology <input type="checkbox"/> Barrier Analysis <input type="checkbox"/> Intervention <input type="checkbox"/> ITM	



# Abstract

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**For Final Report submission only. Do not exceed 1 page.**

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Provide a high-level summary of the PIP, including the project topic and rationale (include baseline and benchmark data), objectives, description of the methodology and interventions, results and major conclusions of the project, and next steps.

## Project Topic and Rationale

Healthy Blue initiated the Developmental Screening Performance Improvement Project (PIP) at the start of 2021. The goal was to improve use of development screening tools in the 12 months preceding their first, second or third years of life. Louisiana data shows that the state is 12.7 points below the national screening rate. Baseline data was taken in 2018 and is as follows:

- **Indicator 1** - The percentage of children screened for risk of developmental, behavioral and social delays using a standardized global developmental screening tool in the 12 months preceding or on their first birthday: **24.82%**
- **Indicator 2** - The percentage of children screened for risk of developmental, behavioral and social delays using a standardized global developmental screening tool in the 12 months preceding or on their second birthday: **18.25%**
- **Indicator 3** - The percentage of children screened for risk of developmental, behavioral and social delays using a standardized global developmental screening tool in the 12 months preceding or on their third birthday: **11.68%**

## Objectives

To increase the number of children screened for developmental screening delays in first, second, or third years of life by 10 percentage points for each indicator from baseline data taken in 2018.

## Methodology and Interventions

Early assessments demonstrated gaps in provider education and member outreach. Interventions utilized several methods to improve provider utilization of developmental screening tools and targeted member outreach campaigns utilizing text messaging.

Interventions included:

- a. Conducted provider education on standardized global development screening tools, Healthy Louisiana billing & coding guideline, and early intervention programs
- b. Distributed member gap reports to providers for targeted outreach efforts
- c. Conducted parent education on importance of global developmental screening by distributing educational materials and sending text campaigns
- d. Conducted random sample of chart reviews to validate specific CPT code was used to measure provider adherence to billing and coding guidelines
- e. Collaborate with early intervention programs (EIP) and coordinate with providers to facilitate referrals from providers to EIP

## Results

The results for the performance indicators were as follows:

1. Utilization of Standardized Global Developmental Screening Tool in the 12 months preceding or on their first birthday: Target rate of 34.82 was not met; Final rate = 27.46
2. Utilization of Standardized Global Developmental Screening Tool in the 12 months preceding or on their second birthday: Target rate of 28.25 was met; Final rate = 28.66
3. Utilization of Standardized Global Developmental Screening Tool in the 12 months preceding or on their third birthday: Target rate of 21.68% was not met; Final rate = 21.26



## **Conclusions**

The plan identified many barriers during the project. The greatest barriers were related to Covid-19 and severe weather events such as Hurricane Ida. Covid-19 continues to impact member visit behaviors with many members hesitant to make in person appointments. Hurricane Ida impacted outreach priorities; Healthy Louisiana staff shifted outreach focus to members needing access to housing and medical care. Community and educational events were rescheduled, which hindered patient engagement opportunities. Other barriers included reduction in provider office staff and clinic hours, resulting in decreased access to care. Ultimately, these barriers impacted measurement year 2021 outcomes.

## **Next Steps**

Although this Performance Improvement Plan will be discontinued next year, the Health Plan plans to build upon the initiatives that began this year. Member outreach, provider education and chart auditing for specific billing codes will continue to be at the forefront of our efforts to improve screening for children at risk for developmental, behavioral, and social delays.



# Project Topic

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**To be completed upon Proposal submission. Do not exceed 2 pages.**

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## **Describe Project Topic and Rationale for Topic Selection**

The American Academy of Pediatrics recommends developmental surveillance at most pediatric well-child visits, and formal developmental screening using a standardized screening tool at a minimum once during each of the 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> years of life, to occur at pediatric well-child visits with appropriate follow-up for children with concerning screening results (Lipkin et al., 2020). Louisiana developmental screening guidelines (LDH, 2018) follow the AAP recommended screening periodicity schedule (AAP, 2020). Despite this, findings from the 2017-2018 National Survey of Children's Health showed that only 20.8 % of parents of children age 9-35 months in Louisiana reported their child received developmental screening using a parent-completed screening tool in the past 12 months, compared to 33.5% of children nationwide (Child and Adolescent Health Measurement Initiative, 2017-2018). This is particularly concerning given a recent Centers for Medicare & Medicaid (CMS) analysis reporting that during the coronavirus disease public health emergency, there were 44% fewer child screening services compared to 2019.

- **Describe how PIP Topic addresses your member needs and why it is important to your members:**

According to the Bright Futures/American Academy of Pediatrics (AAP) recommendations for preventive pediatric health care schedule of screenings and assessments recommended at each well-child visit (AAP, 2020), Louisiana data shows that only 20.8% of parents reported their child received developmental screenings compared to 33.5% of children nationwide. The identification of early interventions outlines the true meaning of Early Periodic Screening Diagnosis and Treatment (EPSDT). This effort is impactful because it allows for early detection of developmental delays, that may impact the members overall wellness and quality of life. Improving the developmental screening rates for Healthy Blue members is a priority and a key strategy for the plan to improve continuity of care and outcomes for our member population. As a health plan, we have an opportunity to leverage data and technology, enhance provider relationships and share best practices with providers to improve screening, evaluation and treatment for our members. Healthy Blue supports the development of evidence-based standards and quality metrics that define and encourage successful treatment for our members.

- **Describe high-volume or high-risk conditions addressed:**

There is a disproportionally low number of developmental screenings completed for the population in Louisiana with those who are low-income and/or have lack of access to care. Early detection of developmental, psychosocial and chronic disease issues for children may require further referrals to specialists for treatment. High volume and high-risk conditions can be identified in various ways and may be specific to the child who is being assessed. However, anticipating children in need of enhance services for developmental screening and monitoring include but are not limited to children of preterm birth, lead exposure, children on the autism spectrum. Children are exposed to adverse or environmental circumstances in the home or community. Children with learning disorders, Attention Deficit/hyperactivity Disorder (ADD/ADHD), developmental disabilities, and children who have been abused or sexually molested, will increase the volume and severity of cases addressed. Covid-19 has brought additional barriers to care and decreased opportunities for screenings for children not attending well-child visits in the first three years of life.



- Describe current research support for topic (e.g., clinical guidelines/standards):  
Healthy Blue will utilize the clinical practice guidelines/standards as outlined in the CDC and AAP:  
<https://www.aap.org/en-us/professional-resources/quality-improvement/Pages/Guidelines-and-Policy-Development.aspx>  
<https://www.cdc.gov/ncbddd/childdevelopment/screening-hcp.html>  
<https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Screening/Pages/Early-Childhood-Development.aspx>  
  
<https://ldh.la.gov/index.cfm/page/3195>  
<https://screeningtime.org/star-center/#/screening-tools>

- Explain why there is opportunity for MCO improvement in this area (must include baseline and if available, statewide average/benchmarks):  
Healthy Blue has a unique opportunity to address developmental screenings with providers and members, by highlighting its importance and impact on children, and providing parental guidance throughout this project. This effort will provide a service to parents by helping to identify developmental concerns and ways to improve or enhance the child's quality of life. It is a three-prong approach engaging the providers, parents and health plan in this process to coordinate care and further increase awareness of the importance of developmental screenings at the appropriate time in a child's life. Healthy Blue will set a benchmark that measures an increase from the baseline rates by 10 percentage points.

## Aims, Objectives and Goals

**Aim:** Increase the percentage of children screened for risk of developmental, behavioral and social delays using a standardized global developmental screening tool in the 12 months preceding or on their first, second or third birthday.

### **Objective(s)**

- Describe the major interventions that the health plan will implement, in order to positively affect member health outcomes or experiences of care.  
The following sentence structure is encouraged:  
"Implement [describe major interventions] to improve [cite performance indicator(s)] from baseline to final measurement."  
Example: Implement automatic pharmacy refills to improve the percent of members ages 5-11 years with asthma who were dispensed asthma controller medication from baseline to final measurement.

*Address each of the following key intervention areas in this section by describing your interventions:*

1. Conduct provider education on standardized global developmental screening tools, Healthy Louisiana billing & coding guideline, and early intervention programs. Resources include, but are not limited to LDH developmental screening guidance and resources by region:  
<https://ldh.la.gov/index.cfm/page/3195> and AAP/Bright Futures: (<https://screeningtime.org/star-center/#/screening-tools>)  
Implement provider education for all providers who see children, through various methods of outreach to improve the percent of providers using appropriate developmental screening tools from baseline to final measurement.  
  
Implement provider education on the EPSDT tool kit for accurate coding and capturing data for care gap report to improve the percentage of children screened from baseline to final measurement
2. Develop member gap reports, stratify by provider and distribute to providers.



Implement process of dissemination of provider gap reports to providers who see children through various methods of outreach to improve the percentage of children screened from baseline to final measurement

3. Conduct parent education on importance of developmental screening. Conduct enhanced care coordination outreach/education to parents of members on gap report.

Implement parent education programs on parenting, health tips, food disparities, special feeding needs and empowerment through various methods, to improve the percentage of children screened from baseline to final measurement

4. Conduct a Quarter 1 through Quarter 3 2021 PCP chart review of:

a. random sample of 30 eligible population charts in the Indicators 1, 2 & 3 aggregate denominator with CPT Code 96110 to validate whether the tools in Table 4a were utilized for global developmental screening.

b. random sample of 30 eligible population charts in the Indicators 1, 2 & 3 aggregate denominator with out CPT Code 96110 to discern whether the tools in Table 4a were utilized for global developmental screening at the child's 9 month, 18 month or 30 month visit.

Note: If random chart selection is not feasible due to COVID-19, then the chart selection method may use charts procured for other purposes.

Implement and create a chart review tool to be used collect the data and evidence of appropriate developmental screening usage with providers who see children to improve the percentage of children screened from baseline to final measurement

5. Collaborate with early intervention programs (EIP) and coordinate with providers to facilitate referrals from providers to EIP.

Determine EIP programs to collaborate with and determine/educate referral sources for providers to improve the percentage of children screened and referred to EIP from baseline to final measurement

**Table 2: Goals**

Indicators	Baseline Rate STATEWIDE RATE <sup>1</sup> Measurement Period: 1/1/2018-12/31/2018	Target Rate 2021	Rationale for Target Rate
<b>Indicator 1:</b> The percentage of children screened for risk of developmental, behavioral and social delays using a standardized global developmental screening tool in the 12 months preceding or on their first birthday.	N: 34 D: 137 R: 24.82%	R: 34.82%	10 percentage points or higher improvement (overall national rate is approximately 33.5%)
<b>Indicator 2:</b> The percentage of children screened for risk of developmental, behavioral and social delays using a standardized global developmental screening tool in the 12 months preceding or on their second birthday.	N: 25 D: 137 R: 18.25%	R:28.25%	10 percentage points or higher improvement (overall national rate is approximately 33.5%)
<b>Indicator 3:</b> The percentage of children screened for risk of developmental, behavioral and social delays using a	N: 16 D: 137 R: 11.68%	R:21.68%	10 percentage points or higher improvement (overall national rate is approximately 33.5%)



standardized global developmental screening tool in the 12 months preceding or on their third birthday.			
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1. Calculated by ULM using the CMS Child Core Set Hybrid Measure (medical record reviews). To be updated in December 2020.



# Methodology

To be completed upon Proposal submission.

## Performance Indicators

Table 3: Performance Indicators

Indicator	Description	Data Source	Eligible Population	Continuous Enrollment	Numerator	Denominator
Indicators 1, 2 and 3	The percentage of children screened for risk of developmental, behavioral and social delays using a standardized global developmental screening tool in the 12 months preceding or on their first, second or third birthday.	Administrative claims data	<p><b>Indicator 1:</b> Children who turned 1 during the performance period (Birth to 1 year of age)</p> <p><b>Indicator 2:</b> Children who turned 2 during the performance period (&gt; 1 year to 2 years of age)</p> <p><b>Indicator 3:</b> Children who turned 3 during the performance period (&gt; 2 years to 3 years of age)</p>	Children who are enrolled continuously for 12 months prior to the child's 1st, 2nd, or 3rd birthday. No more than one gap in enrollment of up to 45 days during the 12 months prior to the child's first, second, or third birthday. To determine continuous enrollment for a beneficiary for whom enrollment is verified monthly, the beneficiary may not have more than a 1-month gap in coverage (i.e., a beneficiary whose coverage lapses for 2 months or 60 days is not considered continuously enrolled).	CPT code 96110 (Global developmental testing, with interpretation and report) is submitted within the 12 months preceding or on the patient's birthday during the age stratified episode of care (e.g., children who turn 12 months of age, 24 months of age and 36 months of age during the performance period). The submission of the CPT 96110 code and documentation of the denominator eligible patient encounter do not need to occur simultaneously. <b>Numerator Exclusion:</b> Modified claims to indicate standardized screening only for a specific domain of development, such as social emotional screening via the ASQ-SE, autism screening	The Eligible Population who meet the continuous enrollment criteria.



# Data Collection and Analysis Procedures

Is the entire eligible population being targeted by PIP interventions? If not, why?

## Sampling Procedures

- **Describe sampling methodology:**

Q1 through Q3, Healthy Blue will conduct a PCP chart review of:

- a. random sample of 30 charts in the Indicators 1, 2 & 3 aggregate denominator with CPT Code 96110 to validate whether the tools in Table 4a were utilized for global developmental screening.
- b. random sample of 30 eligible population charts in the Indicators 1, 2 & 3 aggregate denominator without CPT Code 96110 to discern whether the tools in Table 4a were utilized for global developmental screening at the child's 9-month, 18 month or 30-month visit.

## Data Collection

- **Describe data collection:**

Data will be collected by multiple departments within the Health Plan. Data collection will be completed by Business Data Analysts, Manager of Case Management, Quality Improvement Manager and HEDIS Manager. The tools that are used to collect the data include the use of SQL Server Management Studio and Teradata to analyze claims/utilization data. Additionally, the Case Management data is obtained using referrals from a vendor who manages high risk population, and health risk assessments.

## Validity and Reliability

- **Describe validity and reliability:**

Data collection is done in conjunction with the specifications set forth by the measures. The Business Analyst performs an audit of data pulled and addresses any gaps in missing data by conducting a deep dive of data collection method. Claims data (CPT, HCPCS, ICD-9 and 10Cm and/or NCD's) are used to determine numerator compliance.

## Data Analysis

- **Describe data analysis procedures:**

Once data is obtained, it is analyzed and compared to the goals set forth for each performance measure. Performance Indicator data is reviewed by Quality, Marketing, Provider relations, Case Management and the Leadership teams to collectively seek out the best areas of impact to improve global developmental outcomes. Additionally, the data is trended and compared to prior results for identification of opportunities of improvement. The data is stratified by region and member demographics to identify opportunities for targeted interventions to address specific performance measures.

- **Describe how plan will interpret improvement relative to goal:**

Data is continuously monitored, at minimum, on a quarterly basis to determine if metrics are on target or at risk to meeting goals. Data is benchmarked using similar studies and compared to previous results each quarter. Additionally, data deep dives may be required to determine a subset of population trends as related to regional prevalence, member disparities and/or access to care barriers. Healthy Blue will identify potential areas of initial target as related to poor maternal-fetal outcomes and other health disparities which can be a direct correlation to the overall well-being and development of a child.

- **Describe how plan will monitor ITMs for ongoing QI:**

Healthy Blue will complete evaluate data monthly for oversight of measuring interventions to impact overall goals. Additionally, a barrier analysis along with an analysis of reoccurring member concerns such as transportation, childcare and other barriers to care, will be used to identify appropriate interventions in developing goals during the project. These exercises will assist in the monitoring of interventions, developing new interventions or the realignment of existing interventions as needed.



## PIP Timeline

*Report the baseline, interim and final measurement data collections periods below.*

Baseline Measurement Period:

Start date: 1/1/2020

End date: 12/31/2020

Submission of Proposal/Baseline Report Due: 1/29/2021

Interim/Final Measurement Period:

Start date: 1/1/2021

End date: 12/31/2021

PIP Interventions (New or Enhanced) Initiated: 2/1/2021

Submission of 1<sup>st</sup> Quarterly Status Report for Intervention Period from 1/1/21-3/31/21 Due: 4/30/2021

Submission of 2<sup>nd</sup> Quarterly Status Report for Intervention Period from 4/1/21-6/30/21 Due: 7/31/2021

Submission of 3<sup>rd</sup> Quarterly Status Report for Intervention Period from 7/1/21-9/30/21 and Chart Review Findings for the Period from 1/1/21-9/30/21 Due: 10/31/2021

Submission of Draft Final Report Due: 12/10/2021

Submission of Final Report Due: 12/31/2021

## **Analysis of Disproportionate Under-Representation (to be completed for the Final Report for the period from 1/1/21-11/1/21)**

Aggregated Performance Indicator #s 1, 2 & 3 (The percentage of children screened for risk of developmental, behavioral and social delays using a standardized global developmental screening tool in the 12 months preceding or on their first, second or third birthday) stratified by enrollee subpopulations.

Susceptible subpopulations are those subpopulations for which the Disproportionate Index > 100%: The subpopulation's share of the total enrollee population eligible for global developmental screening (denominator) is greater than the subpopulation's share of enrollees with global developmental screening (numerator). Thus, the susceptible subpopulations are under-represented in terms of global developmental screening receipt.



Subpopulation	Children who turned 15 months during the measurement year		Children with six or more well-child visits		Disproportionate Index of Well-child Visit Under-representation
	# of enrollees in the denominator	% of MCO TOTAL denominator	# of enrollees in the numerator	% of MCO TOTAL numerator	% of MCO TOTAL denominator ÷ % of MCO TOTAL numerator
<b>MCO TOTAL</b>	7753	100%	1753	100%	
<b>Race</b>					
American Indian or Alaska Native	13	.17%	1	.06%	2.83
Asian	66	.85%	23	1.31%	.65
Black or African American	2432	31.37%	496	28.29%	1.11
Native Hawaiian or Pacific Islander	2	.03%	0	0%	0
White	1645	21.22%	414	23.62%	.90
Other	0	0%	0	0%	0
Unknown	3595	46.37%	819	46.72%	.99
<b>Ethnicity</b>					
Hispanic	0	0%	0	0%	0
Non-Hispanic	1645	21.22%	414	23.62%	.90
Unknown	6108	78.78%	1339	76.38%	1.03
<b>English as primary language of parent</b>					
Yes	7748	99.94%	1751	99.89%	1.00
No	5	.064%	2	.11%	.58
<b>LA MCO Region of Residence</b>					
Region 1: Greater New Orleans	1605	20.70%	353	20.14%	1.03
Region 2: Capital Area	872	11.25%	208	11.87%	.95
Region 3: South Central LA	636	8.20%	142	8.10%	1.01
Region 4: Acadiana	1090	14.06%	223	12.72%	1.11
Region 5: Southwest LA	367	4.73%	62	3.54%	1.34
Region 6: Central LA	558	7.20%	133	7.59%	.95
Region 7: Northwest LA	705	9.09%	156	8.90%	1.02
Region 8: Northeast LA	756	9.75%	136	7.76%	1.26
Region 9: Northshore Area	1164	15.01%	340	19.40%	.77



# Barrier Analysis, Interventions, and Monitoring

To be completed upon Proposal submission (to be updated for baseline, interim and final reports).

**Table 4: Alignment of Barriers, Interventions and Tracking Measures**

Barrier 1: Providers are not consistent with using developmental screening tools appropriately		Year 1 - 2021				Year 2 - 2022			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Method of barrier identification: claims and encounter data; Provider surveys									
Intervention to address barrier: 1. Conduct provider education on standardized global developmental screening tools, new billing guidelines for coding developmental screening, and early intervention programs.	Intervention tracking measure 1:  N: # PCPs who received global developmental screening guideline + coding + referral education D: # PCPs who see children	N: 44 D: 4633 R: 0.94%	N: 54 D: 3278 R: 1.64%	N: 35 D: 3278 R: 1.06%	N: 10 D: 3278 R: 0.31%	N: D: R:	N: D: R:	N: D: R:	N: D: R:
Planned Start Date: 2/1/2021 Actual Start Date:									
1a. Collaborating with community partners to educate provider practices on community resources to incorporate developmental screenings	Intervention tracking measure 1a:  N: # PCPs who billed the developmental screening code 96110 D: # PCPs who see children	N: 589 D: 4633 R: 12.71%	N: 712 D: 3278 R: 21.72%	N: 201 D: 3278 R: 6.13%	N: 279 D: 3278 R: 8.51%	N: D: R:	N: D: R:	N: D: R:	N: D: R:
Planned Start Date: 2/1/2021 Actual Start Date:									
Barrier 2: Providers not billing 96110 for Developmental screenings		Year 1 - 2021				Year 2 - 2022			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Method of barrier identification: Claims and encounter data; Provider surveys									
Intervention to address barrier: 2. Develop member gap reports, stratify by provider and distribute to providers.	Intervention tracking measure 2:  N: # Members whose PCPs were distributed care gap report D: # Members with developmental screening care gap	N: 26 D: 18942 R: 0.14%	N: 42 D: 17545 R: 0.24%	N: 655 D: 17545 R: 3.73%	N: 1401 D: 21298 R: 6.58%	N: D: R:	N: D: R:	N: D: R:	N: D: R:
Planned Start Date: 2/1/2021 Actual Start Date:									



<p>2a. Targeted outreach efforts to providers with member gaps in targeted regions</p> <p><b>Planned Start Date: 2/1/2021</b> <b>Actual Start Date:</b></p>	<p><b>Intervention tracking measure 2a:</b></p> <p>N: # PCPs were distributed care gap reports D: # members in targeted region with developmental screening care gap</p>	N: 26 D: 9093 R: 0.29%	N: 42 D: 8493 R: 0.49%	N: 655 D: 10305 R: 6.36%	N: 1401 D: 10690 R: 13.11%	N: D: R:	N: D: R:	N: D: R:	N: D: R:
<p>2b. Develop a provider survey to assess for types of developmental screening tools providers use and associated barriers</p> <p><b>Planned Start Date: 2/1/2021</b> <b>Actual Start Date:</b></p>	<p><b>Intervention tracking measure 2b:</b></p> <p>N: # PCPs completed provider survey D: # PCPs who see children</p>	N: 45 D: 1442 R: 3.12%	N: 84 D: 1442 R: 5.82%	DC ITM – survey completed	DC ITM – survey completed	N: D: R:	N: D: R:	N: D: R:	N: D: R:
<p>2c. Members completed developmental screenings via telemedicine visits</p> <p><b>Planned Start Date: 2/1/2021</b> <b>Actual Start Date:</b></p>	<p><b>Intervention tracking measure 2b:</b></p> <p>N: # of telemedicine visits completed for wellness/screening visits D: # of Members with developmental screening care gap</p>	NA	NA	N: 814 D: 21889 R: 3.72%	N: 380 D: 21298 R: 1.78%	N: D: R:	N: D: R:	N: D: R:	N: D: R:
<p><b>Barrier 3: Parents are not knowledgeable about the timing and benefits of developmental screenings</b></p> <p><b>Method of barrier identification: claims and encounter data; Member surveys</b></p>		<b>Year 1- 2021</b>				<b>Year 2- 2022</b>			
		<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>
<p><b>Intervention to address barrier:</b></p> <p>3. Conduct enhanced care coordination outreach/education to parents of members on gap report.</p> <p><b>Planned Start Date: 2/1/2021</b> <b>Actual Start Date:</b></p>	<p><b>Intervention tracking measure 3:</b></p> <p>N: # Members who received care coordination outreach, education + appointment scheduled with PCP by billing code 96110  D: # Members with developmental screening care gap</p>	N: 589 D: 18942 R: 3.11%	N: 1029 D: 17545 R: 5.86%	N: 352 D: 21889 R: 1.61%	N: 230 D: 21298 R: 1.08%	N: D: R:	N: D: R:	N: D: R:	N: D: R:
<p><b>Intervention to address barrier:</b></p> <p>3a. Distribute educational materials/fliers to parents on importance of developmental screenings.</p> <p><b>Planned Start Date: 2/1/2021</b> <b>Actual Start Date:</b></p>	<p><b>Intervention tracking measure 3a:</b></p> <p>N: # of members who attended community events and received educational materials for developmental screenings D: # Members with developmental screening care gaps</p>	N: 5 D: 18942 R: 0.03%	N: 35 D: 17545 R: 0.20%	N: 0 D: 21889 R: 0%	N: 42 D: 21298 R: 0.19%	N: D: R:	N: D: R:	N: D: R:	N: D: R:



Barrier 4: Providers are not billing with the appropriate Developmental Screening code		Year 1- 2021				Year 2- 2022			
		Q1-Q3				Q1-Q3			
Method of barrier identification: claims/encounter data; Provider surveys									
Intervention to address barrier: 4. Conduct a PCP chart review of: a. random sample of 30 eligible population charts <u>with</u> CPT Code 96110 to validate whether the tools in Table 4a were utilized for global developmental screening. b. random sample of 30 eligible population charts with <u>out</u> CPT Code 96110 to discern whether the tools in Table 4a were utilized for global developmental screening at the child's 9 month, 18 month or 30 month visit. Note: If random chart selection is not feasible due to COVID-19, then the chart selection method may use charts procured for other purposes.	Intervention tracking measure 4a: N: # Members who received global developmental screening using one of the tools in Table 4a D: Eligible population <u>with</u> CPT Code 96110  Intervention tracking measure 4b: N: # Members who received developmental screening using one of the tools in Table 4a D: Eligible population with <u>out</u> CPT Code 96110	N: 52 D: 109 R: 47.71%  N: 3 D: 41 R: 7.32%				N: D: R:  N: D: R:			
Barrier 5: Providers are not referring members to early intervention programs (EIP) when delays detected		Year 1- 2021				Year 2- 2022			
Method of barrier identification: claims and encounter data		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Intervention to address barrier: 5. Collaborate with early intervention programs (EIP) and coordinate with providers to facilitate referrals from providers to EIP.  Planned Start Date: 2/1/2021 Actual Start Date:	Intervention tracking measure 5:  N: # Members referred via coordination with PCP for further evaluation with early intervention program D: # Members with diagnosis of suspected or documented developmental delay (ICD-10 codes for pervasive/specific developmental disorders (F80 -F89)	N: 555 D: 1302 R: 42.63%	N: 219 D: 992 R: 22.08%	N: 148 D: 811 R: 18.25%	N: 10 D: 171 R: 5.85%	N: D: R:	N: D: R:	N: D: R:	N: D: R:



**Table 4a. Chart Review to validate developmental screening.**

Chart Documentation Requirements	Standardized Global Developmental Tools cited by Bright Futures (and the American Academy of Pediatrics statement on developmental screening)
<ul style="list-style-type: none"> <li>A note indicating the date on which the test was performed, evidence of a screening result or screening score, and the standardized tool used.</li> <li>Standardized tools used to screen for specific disorders (e.g., Modified Checklist for Autism in Toddlers M-CHAT) do not meet the numerator requirement for a standardized global developmental screening tool.</li> <li>Any validated global developmental screening tool supported by AAP/Bright Futures: (<a href="https://screeningtime.org/star-center/#/screening-tools">https://screeningtime.org/star-center/#/screening-tools</a>) <ul style="list-style-type: none"> <li>LDH developmental screening guidance and resources by Region: <a href="https://ldh.la.gov/index.cfm/page/4067">https://ldh.la.gov/index.cfm/page/4067</a></li> </ul> </li> </ul>	Ages and Stages Questionnaire (ASQ) - 2 months to age 5 <sup>1</sup>
	Ages and Stages Questionnaire - 3rd Edition (ASQ-3)
	Battelle Developmental Inventory Screening Tool (BDI-ST) - Birth to 95 months
	Bayley Infant Neuro-developmental Screen (BINS) - 3 months to age 2
	Brigance Screens-II - Birth to 90 months
	Child Development Inventory (CDI) - 18 months to age 6
	Infant Development Inventory - Birth to 18 months
	Parents' Evaluation of Developmental Status (PEDS) - Birth to age 8
	Parent's Evaluation of Developmental Status - Developmental Milestones (PEDS-DM)

1. The Ages and Stages Questionnaire-2 (ASQ-3) is recommended for global screening by the Louisiana Bureau of Family Health, Office of Public Health, Louisiana Department of Health, as of 8/2018. The ASQ-3 has an associated on-time nominal fee.



# Results

**To be completed upon Baseline, Interim and Final Report submissions.** The results section should present project findings related to performance indicators. **Do not** interpret the results in this section.

**Table 5: Results**

Indicator	Baseline Period STATEWIDE measure calculated by ULM <sup>1</sup> Measure period: 1/1/18-12/31/18	Interim Period Measure period:1/1/2020- 12/31/2020	Final Period Measure period: 1/1/2021 – 12/31/2021	Target Rate <sup>2</sup>
<b>Indicator 1:</b> The percentage children screened for risk of developmental, behavioral and social delays using a standardized global developmental screening tool in the 12 months preceding or on their first birthday.	N: 34 D: 137 R: 24.82%	N: 653 D: 8,659 R: 7.54%	N: 2063 D: 7513 R: 27.46%	R: 34.82%
<b>Indicator 2:</b> The percentage children screened for risk of developmental, behavioral and social delays using a standardized global developmental screening tool in the 12 months preceding or on their second birthday.	N: 25 D: 137 R: 18.25%	N: 602 D: 7,771 R: 7.75%	N: 2074 D: 7236 R: 28.66%	R: 28.25%
<b>Indicator 3:</b> The percentage children screened for risk of developmental, behavioral and social delays using a standardized global developmental screening tool in the 12 months preceding or on their third birthday.	N: 16 D: 137 R: 11.68%	N: 267 D: 7,468 R: 3.58%	N: 1438 D: 6763 R: 21.26%	R: 21.68%

1. Calculated by ULM using the CMS Child Core Set Hybrid Measure (medical record reviews). To be updated in December 2020.
2. Upon interim evaluation of target rates, consideration should be given to improving the target rate, if it has been met or exceeded at that time.

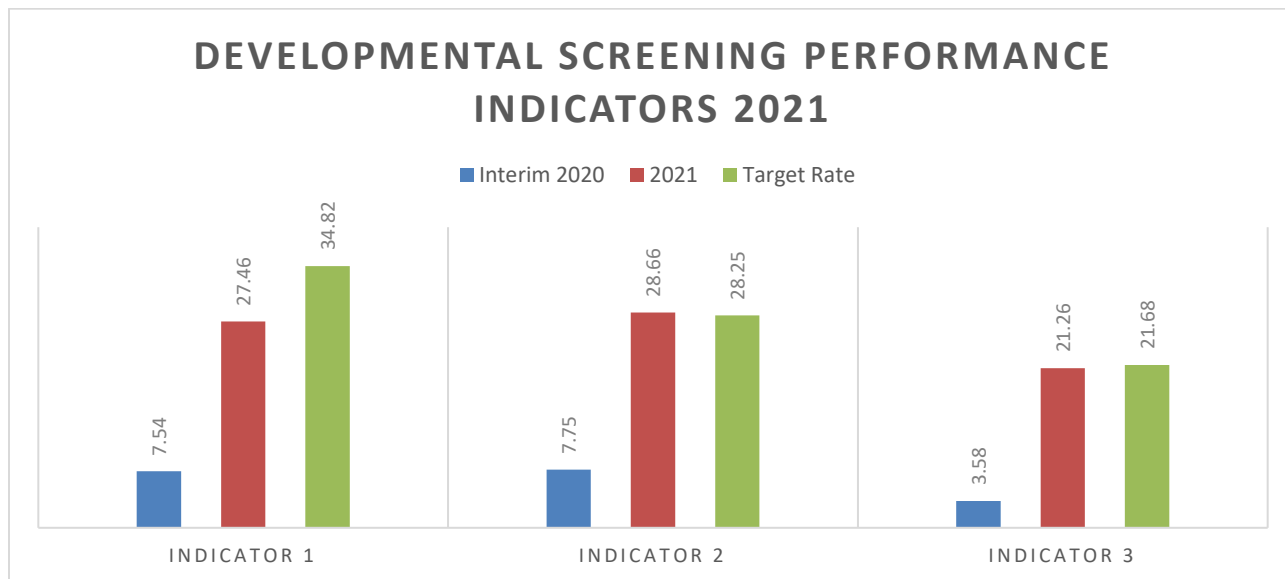
**OPTIONAL:** Additional tables, graphs, and bar charts can be an effective means of displaying data that are unique to your PIP in a concise way for the reader. If you choose to present additional data, include only data that you used to inform barrier analysis, development and refinement of interventions, and/or analysis of PIP performance.

In the results section, the narrative to accompany each table and/or chart should be descriptive in nature. Describe the most important results, simplify the results, and highlight patterns or relationships that are

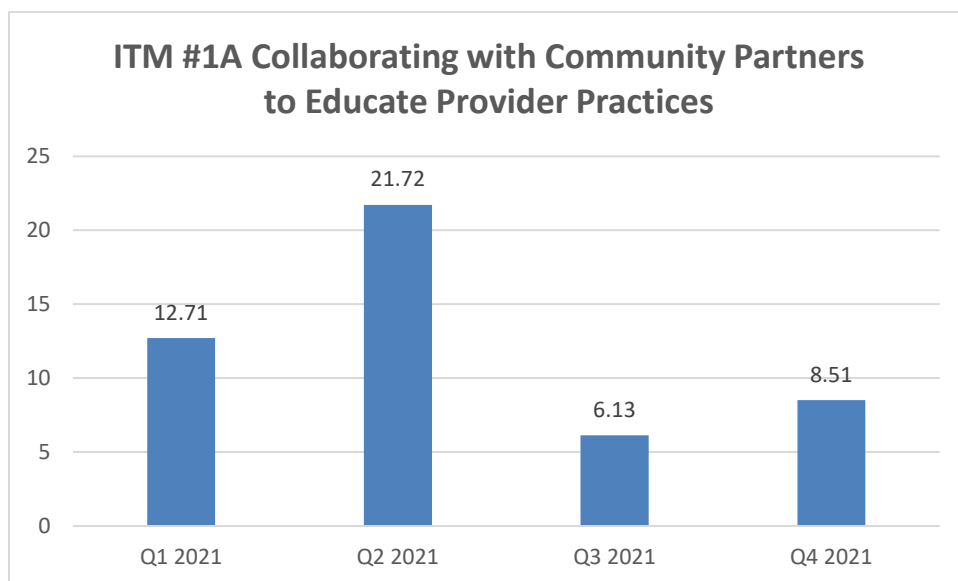


meaningful from a population health perspective. **Do not** interpret the results in terms of performance improvement in this section.

**Figure 1.** 2021 Developmental Screening Performance Indicators Against 2021 Targets and Interim 2020 Data

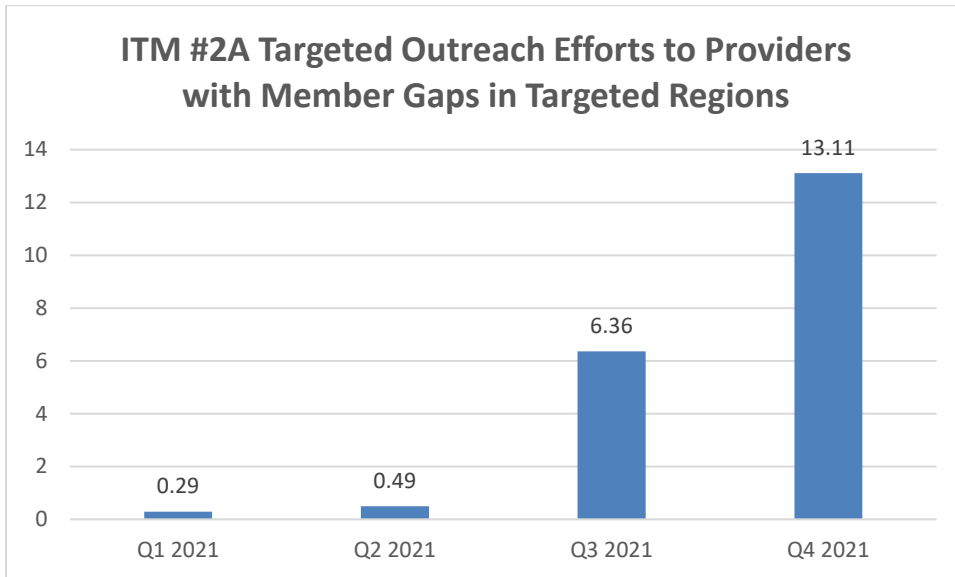


**Figure 2.** ITM 1A Quarterly Trend Performance Data



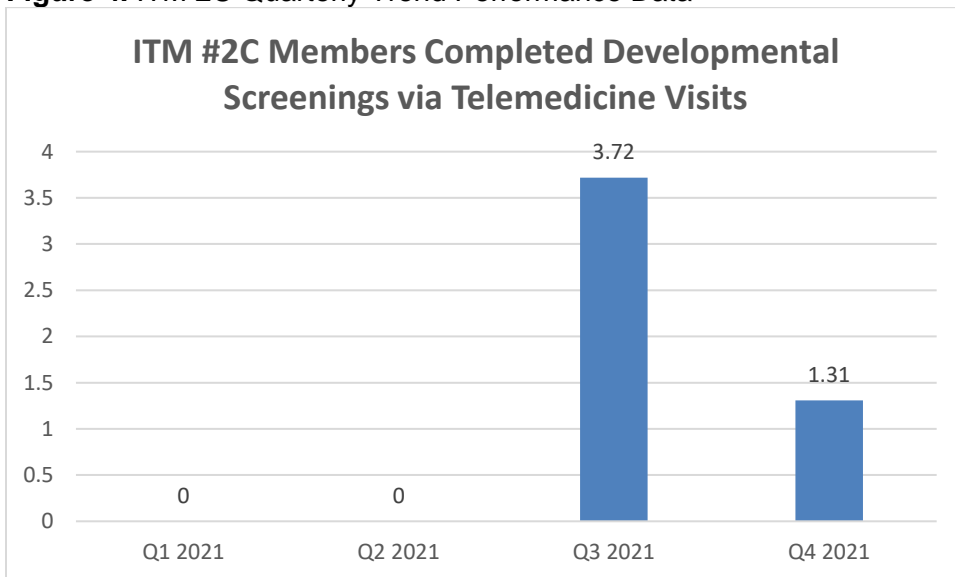


**Figure 3.** ITM 2A Quarterly Trend Performance Data



*\*ITM discontinued after Q2*

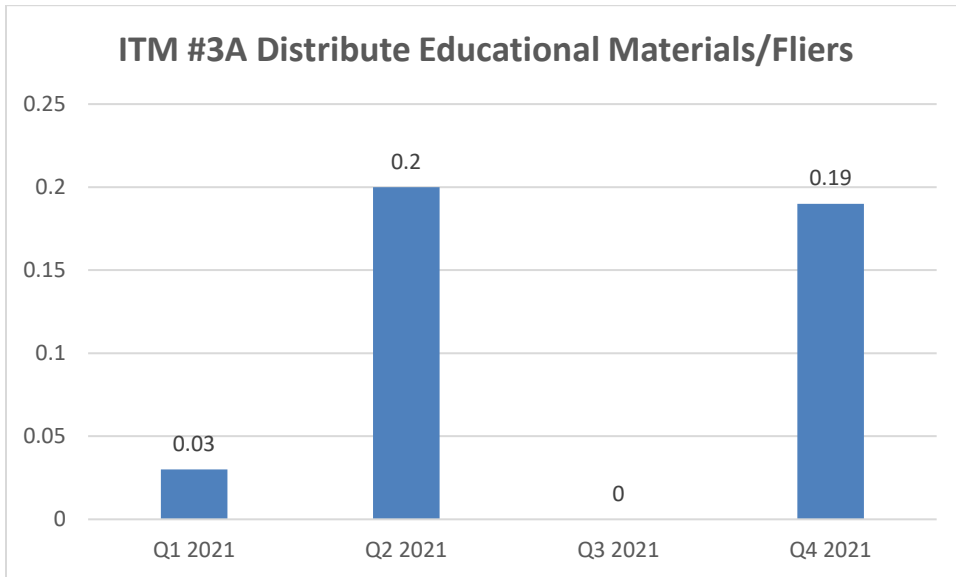
**Figure 4.** ITM 2C Quarterly Trend Performance Data



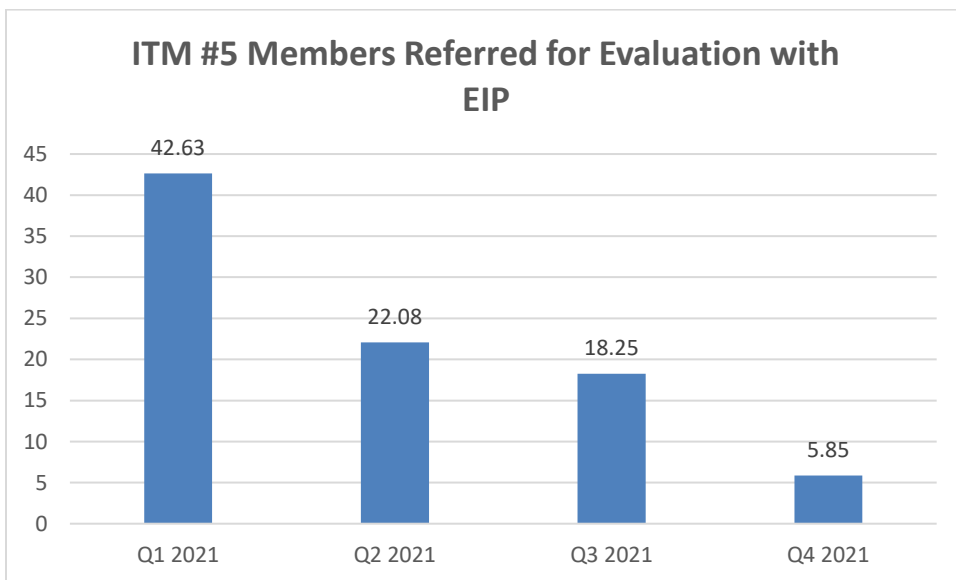
*\*ITM began in Q3 2021*



**Figure 5.** ITM 3A Quarterly Trend Performance Data



**Figure 6.** ITM 5 Quarterly Trend Performance Data





# Discussion

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**To be completed upon Interim and Final Report submissions.** The discussion section is for explanation and interpretation of the results. In the Final Report Discussion, revise the Interim Discussion so that the Final Discussion Section represents one comprehensive and integrated interpretation of results, rather than a separate add-on to the Interim discussion.

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## Discussion of Results

- **Interpret the performance indicator rates for each measurement period**, i.e., describe whether rates improved or declined between baseline and interim, between interim and final and between baseline and final measurement periods.

Developmental screening performance indicators met one of three targets set for 2021 (see Figure 1). In addition, this year's performance showed significant improvement since interim 2020 rates were reported in Table 5. Both indicators 1 & 2 had substantial increases from interim 2020 rates, averaging 17 percentage point increases. Indicator 3 improved 9.73 percentage points since 2020 and was 0.42 percentage points from meeting 2021 target.

- **Explain and interpret the results by reviewing the degree to which objectives and goals were achieved.** Use your ITM data to support your interpretations.

ITM data demonstrated varying performance through the year, which is indicative of the barriers the Health Plan experienced. The most successful ITM (ITM 2A) demonstrated the benefit of focusing on targeted regions, and that ITM doubled in performance from Q3 to Q4 2021 (see Figure 3). This could have been one of the largest contributors to the improvement in Performance Indicators. ITM 1A showed promise in the first half of the year but saw a decrease in the latter half due to Hurricane Ida and provider competing priorities (see Figure 2).

- **What factors were associated with success or failure?** For example, in response to stagnating or declining ITM rates, describe any findings from the barrier analysis triggered by lack of intervention progress, and how those findings were used to inform modifications to interventions.

Several of the ITMs were based on outreach to either members or providers, which were affected by Hurricane Ida in Q3. In-person events were cancelled, and outreach was reprioritized to support those affected by Hurricane Ida to offer relief support services. ITM 1A significantly decreased in Q3 (Figure 2) when all provider practices were rescheduling events and burdened by the effects of the hurricane. ITM 3A (Figure 5) was also impacted where we were unable to distribute educational materials in Q3 because outreach representatives were calling to offer housing and medical services to members.

Unlike the barriers of unforeseen severe weather events, ITM 5 had an expected decrease (see Figure 6). Each subsequent quarter after Q1 included only new incremental new members in numerator and denominator that were not in previous quarter(s). As time progressed, fewer and fewer members would be denominator eligible.

## PIP Highlights

### Member intervention – ITM 2C

Most ITMs had varied performance throughout 2021. ITM 2C (Figure 4) could be considered the most successful member intervention because of the impact to address member hesitancy to schedule in-person appointments. This intervention has potential to grow, if continued, as we continue to navigate through the pandemic and as an alternative for inclement weather events that typically occur yearly in Louisiana.



## **Provider intervention – ITM 2A**

ITM 2A was the most effective intervention as shown in Figure 3. One staff member was dedicated to working on provider outreach in the targeted region, which helped narrow focus and improve provider intervention in an area that was underperforming.

## **Limitations**

As in any population health study, there are study design limitations for a PIP. Address the limitations of your project design, i.e., challenges identified when conducting the PIP (e.g., accuracy of administrative measures that are specified using diagnosis or procedure codes are limited to the extent that providers and coders enter the correct codes; accuracy of hybrid measures specified using chart review findings are limited to the extent that documentation addresses all services provided).

- **Were there any factors that may pose a threat to the internal validity the findings?**  
One of the intervention tracking measures called for chart audits utilizing appropriate CPT codes. PCPs could have completed the screening but might not have coded the visit correctly in the chart. Further data analysis on disparities of health may help define our efforts moving forward. Data collected for quarterly measures is refreshed mid-month, so the validity of our final report only shows partial Q4 results.
- **Were there any threats to the external validity the findings?**  
Randomly sampled chart audits were conducted for Intervention Tracking Measure 4A and 4B with a sample size of 30. With the total number of members with developmental screening care gaps almost at 19,000, a sample size of 30 is a small percentage to represent an entire member population.
- **Describe any data collection challenges.**

Healthy Blue met data collection challenges in gathering data for actual member appointments as required by the PIP. The plan had various teams working with various sections of member lists which resulted in varied data collection methods. The data analysis methods were most often manual to determine accurate rates for the interventions.



# Next Steps

**This section is completed for the Final Report.** For each intervention, summarize lessons learned, system-level changes made and/or planned, and outline next steps for ongoing improvement beyond the PIP timeframe.

**Table 6: Next Steps**

Description of Intervention	Lessons Learned	System-Level Changes Made and/or Planned	Next Steps
#1. Conduct provider education on standardized global development screening tools, Healthy Louisiana billing & coding guideline, and early intervention programs	Providers are not utilizing standardized screening tools and are not billing appropriately, but are implementing some form screening tool	Ongoing chart auditing to identify appropriate billing code usage	Continue to monitor billing and coding usage
#1A. Collaborating with community partners to educate provider practices	Identified providers that are using the appropriate billing code and conduct outreach to their member	Community Health outreach workers assisted with member call campaigns and scheduling appointments	Partner with provider practices that identify the appropriate billing code
#2. Develop member gap reports to distribute to providers and conduct targeted outreach efforts	Ensure providers have a plan for outreach and screenings	Identify providers who have certain targeted population that coincide with where screening rates are low	Continue to share gap in care reports with providers
#2A. Targeted outreach efforts to providers with member gap in targeted regions	Ensure that outreach efforts directly impact the parishes with gaps in care	Focus interventions by parish and ascertain demographics.	Monitor performance by parish and demographics identify targeted regions and providers
#2B. Provider survey to assess developmental screening tools used	Provider barriers identified and helped form interventions	Identification of member G as well as increasing education regarding Developmental Screening guidelines	Continue to share gap in care reports with providers and collaborate on cobranding opportunities
#2C. Members completed developmental screenings via telemedicine visits	Members are not going in doctors' offices for wellness visits.	Telemedicine options were promoted in outreach to combat any concerns of in person visits	Continue to offer telemedicine options and increase awareness of this service.
#3. Conduct enhanced care coordination outreach/education to parents	Need culturally sensitive materials for diverse groups in need of information	Focus on outreach and education in these diverse populations	Engage community support groups to replicate events in various parishes for culturally diverse groups
#4. PCP random chart audit sample for appropriate billing code	Developmental screening not conducted at the 1 <sup>st</sup> , 2 <sup>nd</sup> and 3 <sup>rd</sup> years of life	Engage providers and support personnel in clinics to communicate importance of screening	Continue to educate provider practices on importance of developmental screenings
#5. Members referred for evaluation with EIP	Appropriate screenings are not conducted; follow-ups and referrals are not performed	Target events to members populations where referrals are not occurring	Continue to host events and educational opportunities in population where referrals are not occurring



# References

*Include a list of references for any sources of information used to formulate the project.*

American Academy of Pediatrics. Recommendations for Preventive Pediatric Health Care. Bright Futures/American Academy of Pediatrics. [www.aap.org/periodicityschedule](http://www.aap.org/periodicityschedule)  
Retrieved [11/11/2020].

Child and Adolescent Health Measurement Initiative. 2017-2018 National Survey of Children's Health (NSCH) data query. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). Retrieved [09/21/20] from [www.childhealthdata.org].

Center for Medicaid and CHIP Services (CMCS). CMS Issues Urgent Call to Action Following Drastic Decline in Care for Children in Medicaid and Children's Health Insurance Program Due to COVID-19 Pandemic. September 23, 2020.

Louisiana Department of Health. Louisiana Developmental Screening Guidelines. Bureau of Family Health, Office of Public Health, 8/2018.

Lipkin PH, Macias MM, Council on Children with Disabilities, Section on Developmental and Behavioral Pediatrics (2020). Promoting optimal development: Identifying infants and young children with developmental disorders through developmental surveillance and screening. *Pediatrics*, 145(1), e20193449.



# Glossary of PIP Terms

**Table 7: PIP Terms**

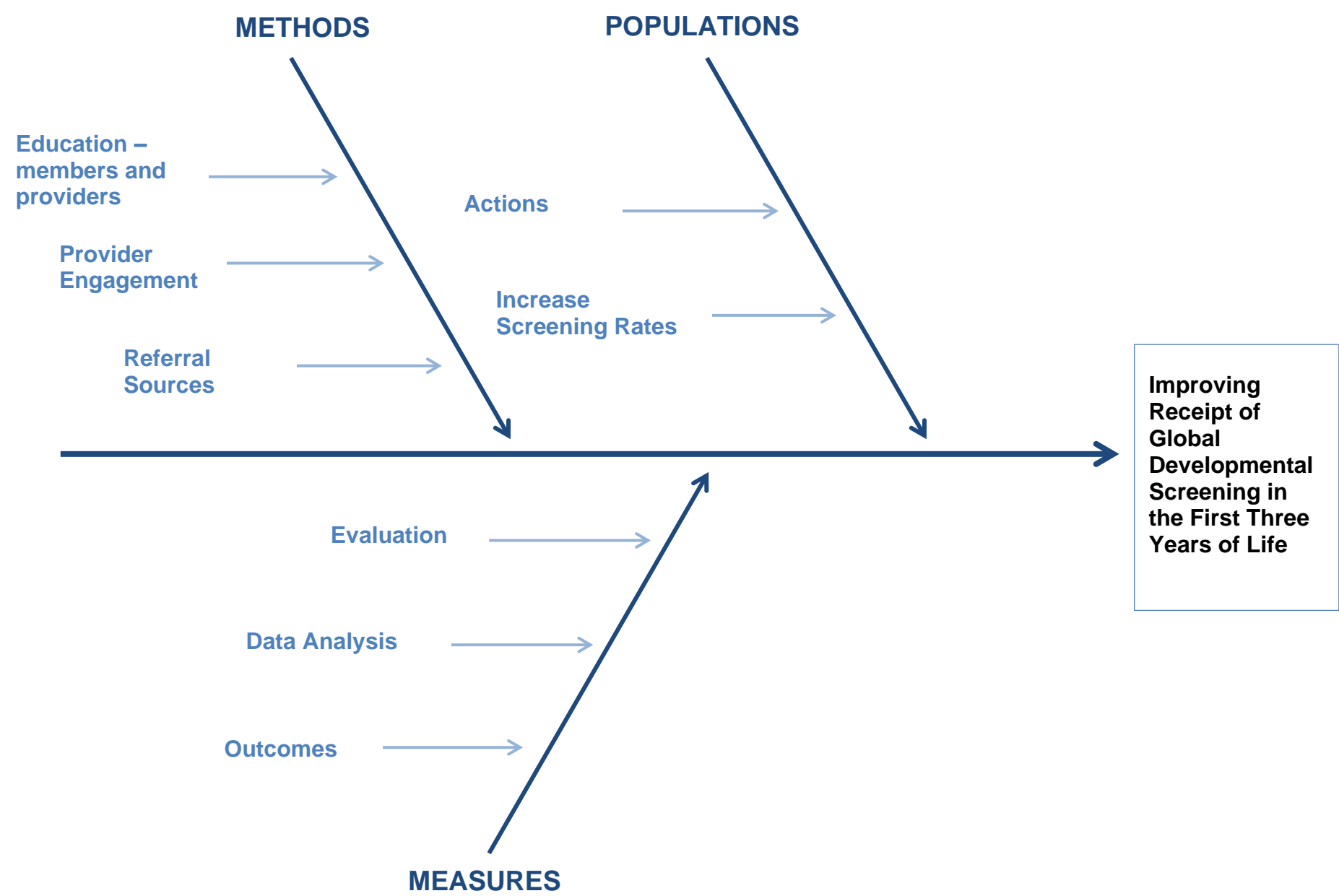
PIP Term	Also Known as...	Purpose	Definition
<b>Aim</b>	<ul style="list-style-type: none"> <li>• Purpose</li> </ul>	To state what the MCO is trying to accomplish by implementing their PIP.	An aim clearly articulates the goal or objective of the work being performed for the PIP. It describes the desired outcome. The Aim answers the questions “How much improvement, to what, for whom, and by when?”
<b>Barrier</b>	<ul style="list-style-type: none"> <li>• Obstacle</li> <li>• Hurdle</li> <li>• Road block</li> </ul>	To inform meaningful and specific intervention development addressing members, providers, and MCO staff.	<p>Barriers are obstacles that need to be overcome in order for the MCO to be successful in reaching the PIP Aim or target goals. The root cause (s) of barriers should be identified so that interventions can be developed to overcome these barriers and produce improvement for members/providers/MCOs.</p> <p>A barrier analysis should include analyses of both quantitative (e.g., MCO claims data) and qualitative (such as surveys, access and availability data or focus groups and interviews) data as well as a review of published literature where appropriate to root out the issues preventing implementation of interventions.</p>
<b>Baseline rate</b>	<ul style="list-style-type: none"> <li>• Starting point</li> </ul>	To evaluate the MCO's performance in the year prior to implementation of the PIP.	The baseline rate refers to the rate of performance of a given indicator in the year prior to PIP implementation. The baseline rate must be measured for the period before PIP interventions begin.
<b>Benchmark rate</b>	<ul style="list-style-type: none"> <li>• Standard</li> <li>• Gauge</li> </ul>	To establish a comparison standard against which the MCO can evaluate its own performance.	The benchmark rate refers to a standard that the MCO aims to meet or exceed during the PIP period. For example, this rate can be obtained from the statewide average, or Quality Compass.
<b>Goal</b>	<ul style="list-style-type: none"> <li>• Target</li> <li>• Aspiration</li> </ul>	To establish a desired level of performance.	A goal is a measurable target that is realistic relative to baseline performance, yet ambitious, and that is directly tied to the PIP aim and objectives.
<b>Intervention tracking measure</b>	<ul style="list-style-type: none"> <li>• Process Measure</li> </ul>	To gauge the effectiveness of interventions (on a quarterly or monthly basis).	Intervention tracking measures are monthly or quarterly measures of the success of, or barriers to, each intervention, and are used to show where changes in PIP interventions might be necessary to improve success rates on an ongoing basis.



PIP Term	Also Known as...	Purpose	Definition
<b>Limitation</b>	<ul style="list-style-type: none"> <li>• Challenges</li> <li>• Constraints</li> <li>• Problems</li> </ul>	To reveal challenges faced by the MCO, and the MCO's ability to conduct a valid PIP.	Limitations are challenges encountered by the MCO when conducting the PIP that might impact the validity of results. Examples include difficulty collecting/ analyzing data, or lack of resources / insufficient nurses for chart abstraction.
<b>Performance indicator</b>	<ul style="list-style-type: none"> <li>• Indicator</li> <li>• Performance Measure (terminology used in HEDIS)</li> <li>• Outcome measure</li> </ul>	To measure or gauge health care performance improvement (on a yearly basis).	Performance indicators evaluate the success of a PIP annually. They are a valid and measurable gauge, for example, of improvement in health care status, delivery processes, or access.
<b>Objective</b>	<ul style="list-style-type: none"> <li>• Intention</li> </ul>	To state how the MCO intends to accomplish their aim.	Objectives describe the intervention approaches the MCO plans to implement in order to reach its goal(s).



# Appendix A: Fishbone (Cause and Effect) Diagram





# Appendix B: Priority Matrix

Which of the Root Causes Are . . .	Very Important	Less Important
Very Feasible to Address – Identifying the at-risk populations	Identifying & Engaging members for targeted outreach Identifying & Engaging members who have a developmental screening care gaps Provider Collaboration to engage members overall for screenings	Engaging Providers on importance of age appropriate developmental screening tools
Less Feasible to Address – Increased Developmental Screening rates	Engagement of members with PCPs to increase developmental screening rates	Data analysis/identification of members Actual member engagement with PCP and completion of screenings to identify deficits Actual referrals to EIP for follow up



# Appendix C: Strengths, Weaknesses, Opportunities, and Threats (SWOT) Diagram

	Positives	Negatives
<b>INTERNAL</b> <i>under your control</i>	<b><i>build on</i></b> <b>STRENGTHS</b> Data Analysis Member Resources/Education Provider Relationships Community Partner Partnerships	<b><i>minimize</i></b> <b>WEAKNESSES</b> Claim/encounter data analysis delay
<b>EXTERNAL</b> <i>not under your control, but can impact your work</i>	<b><i>pursue</i></b> <b>OPPORTUNITIES</b> Provider education and knowledge of member resources Improved collaboration with EIP referral sources	<b><i>protect from</i></b> <b>THREATS</b> Inaccurate member demographics Claim delays Member fears



# Appendix D: Driver Diagram

AIM	PRIMARY DRIVERS	SECONDARY DRIVERS	INTERVENTIONS
<p>Increase the percentage of children screened for risk of developmental, behavioral and social delays by 10 percentage points from 2018 to 2020, using a standardized global developmental screening tool in the 12 months preceding or on their first, second or third birthday.</p>	<p>Providers are knowledgeable about AAP/Bright Futures recommended global developmental screening tools, the Bright Futures periodicity schedule for screening, Developmental Screening Guidelines, and Early Intervention Program (EIP) resources</p>	<p>Conduct provider education on standardized global development screening tools, Healthy Louisiana billing and coding guideline, and early intervention programs</p>	<p>Collaborate with AAP for provider survey to determine tool usage; EIP provider collaboration (ASAM LOC) and provide a list of referral sources to PCPs (1 MCO list); collateral for new coding and billing guidelines; onsite education efforts planning with virtual contact</p>
	<p>Providers are informed about their patients who are eligible for global developmental screening and who have an annual screening gap</p>	<p>Develop Member gap reports, stratify by provider and distribute to providers</p>	<p>Distribute via provider portal. Electronic delivery by PR (SFTP or secure email), hand deliver (onsite education)</p>
	<ul style="list-style-type: none"> <li>Parents are knowledgeable about the timing and benefits of developmental screening.</li> <li>Parents of children with screening gaps are informed by (care coordinators) the plan about their child's need for annual global</li> </ul>	<p>Conduct parent education on importance of global developmental screening Conduct enhanced care coordination outreach/education to parents of members on gap report</p>	<p>Distribute via member portal Developing campaigns Working with CM to incorporate Developmental screening materials Leveraging community partner messaging Day care providers</p>
		<p>Collaborate with EIP by developing and implementing processes/procedures to</p>	<p>Provider referral follow up for continuity of care Assess provider barriers</p>



	<p>developmental screening</p> <ul style="list-style-type: none"> <li>• Care coordinators establish relationships with EIP</li> <li>• Care coordinators facilitate provider referrals to EIP</li> </ul>	<p>coordinate with providers to facilitate referrals from providers to EIP</p>	
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# Appendix E: Plan-Do-Study-Act Worksheet

	Pilot Testing	Measurement #1	Measurement #2
<b>Intervention #1:</b>			
<b>Plan:</b> Document the plan for conducting the intervention.	•	•	•
<b>Do:</b> Document implementation of the intervention.	•	•	•
<b>Study:</b> Document what you learned from the study of your work to this point, including impact on secondary drivers.	•	•	•
<b>Act:</b> Document how you will improve the plan for the subsequent phase of your work based on the study and analysis of the intervention.	•	•	•
<b>Intervention #2:</b>			
<b>Plan:</b> Document the plan for conducting the intervention.	•	•	•
<b>Do:</b> Document implementation of the intervention.	•	•	•
<b>Study:</b> Document what you learned from the study of your work to this point, including impact on secondary drivers.	•	•	•
<b>Act:</b> Document how you will improve the plan for the subsequent phase of your work based on the study and analysis of the intervention.	•	•	•